**Academic Wednesdays** While on ambulatory rotation (and elective for the preliminary residents), this day is dedicated to teaching and educational activities without patient responsibilities. The day starts off with Medicine Grand Rounds followed by simulation lab activities, high value care curriculum, and then a structured curriculum spread over the year covering mentoring, board review, patient safety and quality improvement, wellness, residents as teachers, transitions of care, research design, and women’s health.

**ACP Doctor’s Dilemma Competition** Stony Brook Internal Medicine residents proudly represent Stony Brook Medicine at the NY Chapter of ACP Doctor’s Dilemma competition. After going through qualifying rounds of mock Doctor’s Dilemma, four selected residents undergo intense practice sessions prior to the main event.

**Clinical Skills Simulation Lab** Categorical and preliminary residents participate in simulation lab exercises every ambulatory block and during electives. Residents attain proficiency in emergent and non-emergent bedside procedures including central lines, paracentesis, lumbar punctures, and intraosseous insertions. A formal training program on bedside ultrasonography is provided by Critical Care faculty. These skills are then incorporated in a series of clinical case scenarios simulating cardiac arrest, followed by debriefing sessions. Code blue team training and code blue leadership skills are taught using simulation. Our residents have on-line access to comprehensive ultrasound and simulation manuals to enhance longitudinal learning of bedside ultrasound and procedural skills.

**Collaborative Mentorship Program** This program guides residents through the mentorship process with peer and faculty facilitator feedback. Residents will conduct self-assessment of their individual learning needs, systematically prepare for, and form meaningful mentor-mentee relationships. They will create individual learning plans and develop mentorship networks. Senior residents will learn important mentoring and leadership skills. Residents will also have the opportunity to review their CVs, research projects, and portfolios with faculty members. The program is designed to promote self-efficacy, self-management, and resourcefulness to achieve individual career goals.

**Core Conference** is held twice weekly at Stony Brook and daily at the VA. In order to provide a robust learning experience, we select core faculty members from different subspecialties to deliver clinically relevant topics. These topics are carefully selected based on ABIM recommended content areas. The number of lectures in a subspeciality is also based on the percentage of content tested on the ABIM boards. This ensures that residents receive the allotted number of lectures and topics necessary for the ABIM examination at the end of training.

**Evidence Based Medicine Curriculum** Evidence Based Medicine (Journal Club) is presented by a resident, followed by a small group workshop on the case. At the beginning of the year, residents are offered an introductory session on how to formulate clinical questions and search the literature. Each session following is focused on learning how to appraise the data using a systematic approach. Residents choose to present an article based on the patient encounter from their log book of clinical questions. Throughout the year, residents gain exposure to different types of articles including: therapy and prevention, diagnostics, clinical decision rule, guideline/systematic review. EBM is also integrated into resident report where a clinical case is presented and the evidence is appraised using the PICO format after the case discussion.

**Financial Wellness Program** Financial stressors can affect a resident’s well-being and many medical trainees do not receive financial planning education prior to residency. In collaboration with our institutions’ financial planners, we developed a Financial Wellness Program that provides residents with resources and education around debt management, student loan repayment programs, and retirement planning. Each year, residents have the opportunity to participate in financial workshops and can meet individually with a financial planner to help develop their financial goals.

**High Value Care Curriculum** All residents receive the ACP High Value Care curriculum lecture series during
intern year. This provides residents with the opportunity to learn and practice high value care. With health care costs soaring, this is a hot topic and our residents are provided with education in 5 core topics including: healthcare costs and payment models, eliminating healthcare wastes and over ordering tests, high value diagnostic testing and cancer screening, high value hospitalization, and overcoming barriers to high value care. This is especially important since many of the milestones in the Systems Based Practice competency directly involve learning to practice cost conscious care. The High Value Care Curriculum (HVC) has been jointly developed by the American College of Physicians (ACP) and the Alliance for Academic Internal Medicine (AAIM) in an effort to train physicians to be good stewards of limited healthcare resources.

**Intern Series** These small group sessions address commonly encountered clinical scenarios. Each session takes place in an informal setting, is restricted to interns only, and is led by the chief medical residents. The goal is to help interns develop autonomous decision-making skills and ensure that first year residents feel comfortable and confident managing patients while on night float or inpatient services. Emphasis is placed on knowing when to ask for help and underscores the “never worry alone” culture at Stony Brook.

**Job Search 101** Our program prepares our residents for each transition of their career, including tips on finding a job post-graduation. In these workshops, senior residents learn about the job search timeline, various practice and compensation models, effective CV writing, how to prepare for interviews and important elements of physician contracts. Residents are also provided with resources to them in finding their dream job.

**Morbidity, Mortality and Improvement (MM&I) Conference** We take pride in promoting the just culture and maintaining collegial relationships with other departments and disciplines during our monthly MM&I conferences. Our multidisciplinary MM&I is highly focused on a systems approach – the objective of the investigation an analysis is the prevention of future adverse events. We implemented our “Learning from Errors” curriculum that refocuses the content of and transforms M&M into a platform for teaching patient safety principles and emphasizes error reduction strategies. Cases are presented in a workshop-style format followed by small group activity in which trainees were assigned specific safety tasks: 1) systematic analysis of an error, 2) conduct root cause analysis, 3) resident peer review and creation of an action plan. Action plans are presented to the Patient Safety Quality Council (PSQC) members, the designated stakeholders, for analysis and discussion at the PSQC meetings.

**Patient Centered Medical Home (PCMH) and Patient Aligned Care Team (PACT)** Tech Park Clinic residents and Northport VA Clinic residents care for patients in a collaborative, interprofessional setting. Both sites meet national standards for providing patient-centered care. The settings provide residents the opportunity to train in practice settings aligned with core principles for 21st century health care – the “triple aim” of quality, value, and population health.

**Patient Safety Curriculum** The Patient Safety curriculum prepares our residents to apply fundamental patient safety concepts into their current and future clinical care. The curriculum is highly focused on harm prevention and strategies used to mitigate medical errors. Residents work in small groups to learn key concepts in patient safety using mock mortality cases and video scenarios. Topics include cognitive biases, adverse events, sentinel events, root cause analysis, failure mode effect analysis. Our safety program highlights the Just Culture model, one that supports the discussion of adverse events and unexpected outcomes. Residents engage in sharing their own clinical experiences and work together to create de-biasing strategies to prevent errors. In order to ensure that our residents are further prepared to tackle all aspects of patient safety, a dedicated educational activity on error disclosure is part of the curriculum. This session focuses on key skills that our resident will need to conduct bedside disclosure of unexpected outcomes in their future clinical practice.

**Patient Safety Quality Council (PSQC)** Our peer-selected Patient Safety Quality Council (PSQC) serves as a resident forum to discuss safety threats that are encountered by the residents. The council serves as a “consult” for safety issues. Multidisciplinary faculty facilitators provide guidance to the residents during the monthly meetings. Resident members identify and take a scholarly approach to address patient safety issues using the PDSA model for Quality Improvement. Our residents take tremendous pride in their process improvements
generated from the council. The outcomes are typically disseminated to National meetings and publication forums.

**Quality Improvement Curriculum** The Quality Improvement (QI) curriculum integrates didactics, small group discussion and project-based learning. The curriculum provides an overview of concepts and methodologies for process improvement. Lectures cover a variety of topics, from basic concepts in quality to newer subjects such as the role of electronic health records and QI research. The curriculum is designed to integrate residents into the healthcare system and provides hands-on experiences in implementing and analyzing quality processes and prepare trainees to be able to implement continuous quality improvement in their future practices. The residents work on group QI projects in their ambulatory clinic that are aligned with the aims of the Patient Centered Medical Home. Projects are in alignment with our quality metrics and desired outcomes in the ambulatory setting.

**Resident Advisory Council (RAC)** This peer elected council is made up of representatives from each residency class as well as from our preliminary and medicine-pediatrics program. Elected members meet with Dr. Lane on a monthly basis to discuss and develop action plans to address important issues identified by the residents. We focus on the educational environment and resident well-being. Our 4+1 schedule is an example of a resident-led initiative that has been highly successful. Resident feedback is a major driver of innovation in our program.

**Resident as Teacher** To teach is to learn twice! We are passionate about education at Stony Brook. Our Resident as Teacher sessions help our residents develop and hone their skills in bedside teaching, presentations, powerpoint design, and effective feedback. Residents practice their teaching skills by participating in the Five Microskills for Teaching technique.

**Resident Clinical Vignette presentation in Medicine Grand Rounds** This initiative allows residents to present a clinical vignette during Medicine Grand Rounds in front of faculty, residents, and fellows. This presentation prefaces the main talk followed by introduction of the speaker by the resident. Residents are selected based on their interest in the specialty. This provides an outstanding opportunity to be involved in Grand Rounds, to present to a large-scale audience, and to network with faculty presenters from within and outside the institution.

**Resident Report** is held three times per week at Stony Brook and four days per week at the VA. This core educational activity highlights collegial participation from residents, medical students, and faculty from various divisions in the department of medicine. Residents present a clinical vignette with relevant and focused didactics. EBM is incorporated following the PICO format. A MKSAP question related to the case and didactic at the end of resident report emphasize the key teaching points. Finally, a “take home points” slide is posted on our chiefs’ website.

**Resident Research and Scholarship Program** Internal medicine residents are required to complete a research scholarship project during their residency. This program is created to advance residents’ involvement in scholarly activities. Residents will be introduced to research methodology including formulating research question and hypothesis, developing study plan, basics of literature search, evidence-based medicine and critical appraisal of the literature, IRB submission, responsible conduct of research and scholarship, etc. This is done in a lecture format during Academic Wednesdays as well as self-directed reading of Resident Research Handbook authored by the Director of Scholarship Program, Dr. Teressa. Furthermore, residents will receive a lecture on basics of biostatistics by our department biostatistician. Residents will have the opportunity to meet one-to-one with Dr. Teressa two times a year or as needed to discuss their scholarly activity.

**Stony Brook IM Twitter Account** Take home points from Resident Report, highlights from Grand Rounds and simulation sessions are posted daily on our twitter feed @SBInternalMed

**Women’s Health** The Women’s Health curriculum is a longitudinal educational experience to help prepare residents in managing the unique health needs of female patients. Our interactive didactic workshops cover a variety of gynecological topics including cervical cancer screening, breast health, vaginitis, family planning,
contraception, medical co-morbidities in pregnancy, and menopause. To further enhance residents’ exposure to female-specific conditions, our residents also rotate through the Northport VA’s women’s health clinic and we are currently developing a Women’s Preventive Health Clinic at Tech Park.